

Population Health Support Division (PHSD)

Air Force Web-based Health Assessment (AF WEB HA)

Using the DoD HEAR 3.0 Question Set

Frequently Asked Questions

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UNITED STATES AIR FORCE MEDICAL SERVICE
AIR FORCE MEDICAL SUPPORT AGENCY
POPULATION HEALTH SUPPORT DIVISION

AFMSA/SGOZ
2509 KENNEDY CIRCLE
BROOKS AFB TX 78235-5116

PHSD



AF Web-Based Health Assessment (AF WEB HA)

Using the DoD HEAR 3.0 Question Set

Example of the AF WEB HA development document and how thresholds are used to develop reports.

Questions

Thresholds

Reports

Question #/ Question / Findings (38)	PATIENT REPORT		Healthcare Team Reports			
	Threshold	Full Patient Report	Threshold	Full Healthcare Team Patient Report	Provider bulleted Patient Report	Flagged Healthcare Team Patient Report
GENERAL INFORMATION						
G1 What is your gender? ● Male ● Female						
G2 What is your date of birth? ____/____/____ mm dd yyyy						
G3 How tall are you? _____ feet _____ inches?						
G4 Approximately, how many pounds do you weigh? _____ pounds	[Calculate BMI from G3 AND G4, see comment] IF BMI <18.5 BMI Weight Status Below 18.5 Underweight 18.5 – 24.9 Normal 25.0 – 29.9 Overweight 30.0 and Above Obese A Body Mass Index (BMI) was calculated using your reported height and weight. Your BMI is _____ [Insert value from BMI calculation] and indicates you may be underweight, but check with your healthcare team who can assess your status and provide assistance in helping you with your weight.	Body Mass Index or BMI is a tool for indicating weight status in adults. It is a measure of weight for height and shows a relationship with body fat. For adults over 20 years old, BMI falls into one of these categories: BMI Weight Status Below 18.5 Underweight 18.5 – 24.9 Normal 25.0 – 29.9 Overweight 30.0 and Above Obese A Body Mass Index (BMI) was calculated using your reported height and weight. Your BMI is _____ [Insert value from BMI calculation] and indicates you may be underweight, but check with your healthcare team who can assess your status and provide assistance in helping you with your weight.	[Calculate BMI from G3 AND G4, see comment] IF BMI <18.5 Patient may be underweight. Their BMI is _____ [Insert value from BMI calculation]. Recommend further evaluation. Body Mass Index or BMI is a tool for indicating weight status in adults. It is a measure of weight for height. For adults over 20 years old, BMI falls into one of these categories: BMI Weight Status Below 18.5 Underweight 18.5 – 24.9 Normal 25.0 – 29.9 Overweight 30.0 and Above Obese http://www.cdc.gov/nccdphp/dn/pa/bmi/bmi-adult.htm	BMI= _____ [Insert value from BMI calculation], underweight		
Support contacting the patient again is within XX days						

■ Suggest contacting the patient **soon** i.e. within XX days

■ ■ Suggest contacting the patient **immediately**, i.e. same day or within 24 hrs.

■ An Alcohol Use Disorder Identification Test (AUDIT) score was calculated from your responses to questions about your pattern and level of drinking alcohol. Your AUDIT score was (For this report back to the patient the threshold is: IF AUDIT score GTE 8 AND LTE 15) [Insert value from AUDIT calculation] which puts you at a higher risk for an alcohol related incident. Check with your healthcare team who will provide assistance.

Assign this value IF:	0	1	2	3	4
A1=	Never	Once a month or less	2-4 times per month	2-3 times per week	4 or more times per week
A2=	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7 to 9 drink	10 or more drinks
A3 - A8=	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
A9 - A10=	No		Yes, but NOT in the last year		Yes, during the last year

■ An AUDIT score of **GTE 8 AND LTE 15** indicates a strong likelihood of hazardous or harmful alcohol consumption. **Use the table above to calculate.**

■ ■ An AUDIT score of GTE 16 indicates an alcohol abuse or dependency condition. **Use the table above to calculate.**

Questions and Answers

Who is the AFMS Point of Contact for the Air Force Web-based Health Risk Assessment (AF WEB HRA)?

Mr. William M. Kenyon, MPH, AFMSA/SGOZ is the Project Manager and can be reached by calling DSN 240-6511, Commercial 210-536-6511, or by email at bill.kenyon@brooks.af.mil, see full address on back cover

Why use an automated health risk assessment?

The patient has much of the information needed by medical staff to provide efficient, high quality care. Health information of military interest and certain evidenced-based clinical preventive services recommended by the U.S. Preventive Services Task Force (USPSTF), see tables 2, are accomplished by presenting standard questions to a patient which then can be scored and interpreted by the computer. Screening for depression and alcohol use can only be accomplished by asking the patient. HRAs allow for targeted interventions to beneficiaries with the greatest needs and potential benefit .

What are the main differences between the AF WEB HRA and most other self-report health risk assessments?

1. The AF WEB HRA computer application gathers, scores, interprets and reports self-report health information. The main differences are the scoring and interpretation of patient responses. An example is the use of the Alcohol Use Disorder Identification Test (AUDIT), developed by the World Health Organization (WHO). There are 10 questions with each having a severity of 0-4, i.e., *How often do you have 6 or more drinks on one occasion?* ● *Never* ● *Less than monthly* ● *Monthly* ● *Weekly* ● *Daily or almost daily*. Using WHO guidelines, the computer scores, interprets and reports the findings.
2. The Air Force owns this software and can modify it to meet our AF customer's needs.

Is there a recommended standard core set of DoD self-report health risk questions?

1. Yes, DoD developed the HEAR 3.0 question set, see table 2, with a goal of standardization throughout DoD. Topics were primarily chosen to address U.S. Preventive Services Task Force (USPSTF) recommendations and military readiness. The HEAR 3.0 questions were chosen from well studied, widely used, public domain questions. Two examples are the Behavioral Risk Factor Surveillance System (BRFSS) developed by the Centers for Disease Control and Prevention and the Patient Health Questionnaire (PHQ) developed for the assessment of mental disorders, functional impairment, and recent psychosocial stressors using Diagnostic and Statistical Manual of Mental Disorders IV criteria.
2. The Air Force will encourage the use of the HEAR 3.0 question set as core standardized questions for all self-reported HRAs and the mapping of data to CHCS II and the Clinical Data Repository (CDR).

Questions and Answers

Table 1. Examples of Evidence-based USPSTF Recommendations and Health Information of Special Military Interest That The AF WEB HRA (using the DoD HEAR 3.0 question set) Gathers, Scores, Interprets and Reports.

USPSTF Recommendations	Special Interest to the Military
Screening	Screening
Depression	Posttraumatic Stress Disorder
Alcohol Use	Sleep and Sleep Habits
Tobacco Use	Exercise and Fitness
Obesity	Anger
Lipid Disorders	Eating Disorders
Hypertension	
Colorectal Cancer	
Breast Cancer	
Cervical Cancer	
Counseling	
Injury Prevention	
Tobacco Use	
Dietary counseling for adult patients with risk factors	
Immunizations	
Tetanus-diphtheria Shot	
Influenza	
Pneumonia Vaccination	

Questions and Answers

Table 2. HEAR 3.0 Domains and Response Areas Matched to U.S. Preventive Services Task Force Recommendations. See attachment 1 for definitions of Task Force Ratings.

1. General Information

Gender
DOB
Height
Weight (Computer generates BMI)

The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Rating: B Recommendation

Describe self (Race/Ethnicity)
Marital status
Children in household
Highest level of schooling
Current military status
Enrollment status

2. Overall Health and Activities

General health
Physical health - days not good
Mental health - days not good
Limited activities
Health problem - special equipment
Pain - days hard to do usual activities
Sad, blue, or depressed - days
Worried, tense, or anxious - days
Felt very healthy and full of energy - days
Enough sleep or rest - days
Sleep and sleeping habits

3. Medication Use

Supplements / Performance
Over-the counter non-prescription

4. Dental

Gums bleed when brushing
Last visit (All but AD)

5. Chronic Diseases or Conditions

Diabetes
Heart problems (chest pain, heart attack, arrhythmia, angina, CHF)
High blood pressure (hypertension)
High or bad cholesterol
Lung problem (pneumonia, COPD, emphysema, bronchitis, asthma, etc.)
Kidney problem (infections, stones, dialysis)
Liver problem (hepatitis, tumor, cirrhosis)
Neurological problem (stroke, brain injury, or any other neurological disease)
Blood disorders
Immune system problems
Substance abuse / dependence
Mood disorder

6. Exercise and Fitness

The USPSTF concludes that the evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity. Rating: I recommendation.

Vigorous activities - 20 minutes
Moderate Physical activities - 30 minutes
Physical activities - strength

Questions and Answers

Table 2. Continued. HEAR 3.0 Domains and Response Areas Matched to U.S. Preventive Services Task Force Recommendations. See attachment 1 for definitions of Task Force Ratings.

7. Nutrition

The USPSTF concludes that the evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings. They found fair evidence that brief, low- to medium-intensity behavioral dietary counseling in the primary care setting can produce small-to-medium changes in average daily intake of core components of an overall healthy diet (especially saturated fat and fruit and vegetables) in unselected patients.

Rating: I recommendation.

The USPSTF does recommend intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. (see AF WEB HRA CVD report criteria)

Rating: B recommendation

Eat wide variety of foods
Fruit and vegetables - servings
Grains - frequency
High fatty food - frequency
Calcium intake - females

8. Tobacco Use

The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products.

Rating: A Recommendation.

Tobacco products use
Current use
Type and frequency
Readiness to quit

9. Alcohol

The USPSTF recommends screening to prevent problem drinking for all adult and adolescent patients. Screening should involve a careful history of alcohol use and / or the use of standardized screening questionnaires. Routine measurement of biochemical markers is not recommended in asymptomatic persons. Pregnant women should be advised to limit or cease drinking during pregnancy. Although there is insufficient evidence to prove or disprove harms from light drinking in pregnancy, recommendations that women abstain from alcohol during pregnancy may be made on other grounds. All persons who use alcohol should be counseled about the dangers of operating a motor vehicle or performing other potentially dangerous activities after drinking alcohol.

Rating:

Frequency
Amount
Binge drinking
Other screening questions
(Computer generates an Alcohol Use Disorder Identification Test (AUDIT) score)

10. Family History

Heart attack or angina before age 50
High BP or stroke before age 50
High or bad Cholesterol
Diabetes
Cancer or malignancy of any kind

Questions and Answers

Table 2. HEAR 3.0 Continued. Domains and Response Areas Matched to U.S. Preventive Services Task Force Recommendations. See attachment 1 for definitions of Task Force Ratings.

11. Clinical Preventive Services

Tetanus-diphtheria shot

The USPSTF recommends the series of combined diphtheria-tetanus toxoids (Td) should be completed for adults who have not received the primary series, and all adults should receive periodic Td boosters.

Flu shot

The USPSTF recommends annual influenza vaccine for all persons aged 65 and older and persons in selected high-risk groups.

Pneumonia vaccination

The USPSTF recommends pneumococcal vaccine for all immunocompetent individuals who are age 65 years and older or otherwise at increased risk for pneumococcal disease. There is insufficient evidence to recommend for or against pneumococcal vaccine for high-risk immunocompromised individuals, but recommendations for vaccinating those persons may be made on other grounds.

Blood stool test and Sigmoidoscopy

The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer. The USPSTF found good evidence that periodic fecal occult blood testing (FOBT) reduces mortality from colorectal cancer and fair evidence that sigmoidoscopy alone or in combination with FOBT reduces mortality.

Rating: A recommendation.

Colonoscopy

The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer. The USPSTF did not find direct evidence that screening colonoscopy is effective in reducing colorectal cancer

Mammogram

The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.

Rating: B recommendation.

Pap smear

The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rating: A recommendation.

Blood pressure taken

The USPSTF strongly recommends that clinicians screen adults aged 18 and older for high blood pressure.

Ratings: A recommendation.

Hypertension

The USPSTF strongly recommends that clinicians screen adults aged 18 and older for high blood pressure.

Ratings: A recommendation.

Cholesterol

The USPSTF strongly recommends that clinicians routinely screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease.

Ratings: A recommendation.

The USPSTF recommends that clinicians routinely screen younger adults (men aged 20 to 35 and women aged 20 to 45) for lipid disorders if they have other risk factors for coronary heart disease, (see AF WEB HRA criteria).

Ratings: B recommendation.

Questions and Answers

Table 2. HEAR 3.0 Continued. Domains and Response Areas Matched to U.S. Preventive Services Task Force Recommendations. See attachment 1 for definitions of Task Force Ratings.

12. Reproductive Health Issues

Periodic counseling about effective contraceptive methods is recommended for all women and men at risk for unintended pregnancy. Counseling should be based on information from a careful sexual history and should take into account the individual preferences, abilities, and risks of each patient. Sexually active patients should also receive information on measures to prevent sexually transmitted diseases.

Birth control / family planning
Birth control type
Condom use
Sexually transmitted disease history

13. Injury Prevention

The USPSTF recommends the following counseling to all patients, and the parents of young patients: Use occupant restraints (lap/shoulder safety belts and child safety seats). Wear helmets when riding motorcycles.

Refrain from driving while under the influence of alcohol or other drugs.

Seatbelt use
Drinking and driving
Helmet use - bicycle/motorcycle/etc.
Protective gear - sports
Personal protective equipment - hobbies
Smoke detectors in home / tested
Firearms in home

14. Mental Health / Stress Management

Depression

The USPSTF recommends screening adults for depression in clinical

There is insufficient evidence to recommend for or against routine screening by primary care clinicians to detect suicide risk in asymptomatic persons. Clinicians should be alert to signs of suicidal ideation in persons with established risk factors.

Clinicians should be alert to signs and symptoms of depression and should routinely ask patients about their use of alcohol and other drugs. The training of primary care clinicians in recognizing and treating affective disorders is recommended.

Anxiety
Panic Disorder
Posttraumatic Stress Disorder
Eating disorders

Anger

There is insufficient evidence to recommend for or against the use of specific screening instruments to detect family violence, but recommendations to include questions about physical abuse when taking a history from adult patients may be made on other grounds. Clinicians should be alert to the various presentations of child abuse, spouse and partner abuse, and elder abuse.

15. Concerns

Significant concerns / distress
Driving safety
Spirituality / religious life

16. Cardio Vascular Disease

(Risk for CVD computer generated)

Questions and Answers

What about the AF WEB HRA and Active Duty members on Special Duty Status, i.e. Personnel Reliability Program (PRP), etc.?

We developed the AF WEB HRA specifically to answer this question and comply with the below policy guidance. Unlike other self-report health assessment surveys, the Air Force Medical Treatment Facility PCE and PCM team have complete control of the AF WEB HRA process. The AF WEB HRA can only be accessed with a password, which is issued by a authorized PCM Proctor, e.g., a nurse or technician on the PCM team. During the gathering of demographic information from the ADAF member, the Proctor must ask if the patient is on special duty status. If "Yes", the patient must complete the HRA in the MTF and results must be reviewed immediately. If the patient responds "No" to the Proctor's question and completes the HRA away from the MTF and answer question G9AF with any response other then "Flying Status" or "None of the above", the program will not allow them to continue and they receive a message to contact their MTF.

(G9AF: Are you currently on any special duty status? ● Sensitive Duty Program (SDP) ● Personnel Reliability Program (PRP) ● Sensitive Compartmented Information Status (SCI) ● Flying Status ● None of the above)

*15 Sept 1996

SUBJECT: Policy on Health Assessment and Review (HEAR) in Personal Reliability Program

This policy implements procedures for the collection of HEAR data on military PRP members pending publication of the DoD Instruction on HEAR implementation, now in draft. This policy becomes effective upon receipt and remains in effect until revised by this office.

Medical Treatment Facilities (MTFs) will be responsible for all collection of HEAR data on PRP members. Data collection will be accomplished as part of the PHA only. The following guidelines apply:

a. The HEAR data collected at the PHA should not be used as a risk assessment tool for Potentially Disqualifying Information (PDI). Risk assessment will be made via the PHA. PRP determinations / notifications will be made from this form in accordance with existing policy. The HEAR is not a validated acute risk assessment tool, and should not be used as such.

b. Notation in the patient record, and on the PHA, will include a statement that the HEAR was administered in conjunction with the PHA.

c. HEAR data will be processed through existing local procedures.

d. Hear reports will be considered medical information, and be entered into the member's medical record only after review, acceptance, and documentation by a member of the Primary Care Management Team. As with all medical information, PRP review and documentation is again required for administrative purposes at this time.

e. MTFs will publicize this policy as widely as possible to PRP members and the Certifying Officials.

Implement this policy as soon as possible after receipt. Point of contact is Lt Col Michael Spatz, AFMOA/SGO, 110 Luke Avenue, Room 405, Bolling AFB, DC, 20332-7050, DSN 297-4670

Questions and Answers

What are some examples of health assessments being used or developed in DoD?

HEAR 3.0. A software product, using the HEAR 3.0 question set described earlier. The HEAR 3.0 is currently usable and is being mapped into CHCSII with the ability for use on TRICARE On Line. It can generate patient and provider reports either through a stand-alone version or over the web. Data can be exported to an Access database for aggregate analysis. This will be an excellent tool for use with MTF-enrolled TRICARE Prime members during wellness exams. Stand-Alone and Web-based.

Air Force Web-Based Health Risk Assessment (AF WEB HRA) (In Development). This software application uses the DoD HEAR 3.0 question set, AF modified. The application gathers, scores, interprets and reports patient responses. It differs from the DoD HEAR 3.0 software product in that it allows the AF to address specific concerns when administering a HRA to ADAF members, i.e. Personal Reliability Program (PRP), Preventive Health Assessment and Individual Medical Readiness (PIMR), etc. The use of self-report HRAs will be outlined in the Population Health Management AFI (**In Coordination**). Number of questions: **54** primary. Web-based.

SF Form 507, Health History Questions / Interval History. Total: **24** questions. Paper based.

DD Forms 2795 and 2796, Pre and Post-Deployment Health Assessment.

Pre-. Number of questions: **22 / 8** pertaining to health. **Post-:** Total: **35 / 18** pertaining to health. Both are paper based.

Recruit Assessment Program (Draft). Number of questions Total: **129**. Paper based.

AF Form 4321, Reserve Component Health Risk Assessment.

Number of questions: **77**. Paper based.

Health Evaluation Assessment Review 2.1 Stand Alone. Number of questions: **155** questions. Computer based.

AFI 36-2104, PRP Questionnaire. Number of questions: **20** / 10 questions medically related. Paper based.

Questions and Answers

Does the AF WEB HRA measure severity of conditions?

Yes, unlike questionnaires with dichotomous response categories, e.g. Yes / No, which can lead patients to endorse physical symptoms that are not clinically significant, the HEAR 3.0 measures severity, e.g. “Not at all, Several days, More than half the days, Nearly every day” or “Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult” etc. These types of measures could be invaluable in evaluating health and health needs over time.

Does the AF WEB HRA provide a diagnosis?

While the AF WEB HRA gathers, scores, interprets and reports individual self-report data in an attempt to assist healthcare teams, it is not a comprehensive diagnostic instrument for individual health problems. Rather it is intended to identify areas of risk, e.g. physical, environmental, psychological condition or health behavior needs, that the patient’s healthcare team decides need further assessment and possible intervention. In aggregate, the information gathered can be used to provide information about the current state of health of a population. By using the HRA to establish an Air Force wide data set of health information, it will be possible to identify systemic health patterns and trends. In identifying those patterns, resources can be appropriately steered to areas of need.

What documents recommend the use of health assessments?

There are numerous documents that strongly suggest the use of HRAs as tools to improve population health; examples include:

HA POLICY: 03-024. Requires the Services develop an implementation plan for a health assessment process that specifically addresses the appropriate use of self-reported health information.

DoD Population Health Improvement Plan and Guide:

“The foundation of population health improvement doctrine is the accurate identification of populations, association of individual beneficiaries with accountable providers, and health assessment of all individuals within the community ...”

Health Services, Air Force Doctrine Document 2-4.2:

“Population-based health care is the process of improving the overall health of a defined population through needs assessment / current health assessment, proactive delivery of preventive services, condition management, and outcomes measurement. The assessment describes the characteristics and needs of individuals and groups in the population. It forms the basis for preventive / intervention program development

Questions and Answers

What are the objectives of the AF WEB HRA project?

The AF WEB HRA project objectives are to: 1. Develop an automated web-based HRA to meet the needs of our AF customers. 2. Encourage the use of the DoD HEAR 3.0 question set for all AF self-report HRAs and the mapping of data to CHCS II and the Clinical Data Repository.

What data is gathered and what information is generated?

The AF WEB HRA is unique in that it gathers patient responses through the use of computers. The software uses medical logic developed by DoD and Air Force professionals (Preventive Medicine, Psychiatry, Psychology, Dental, Internal Medicine, Public Health, Nutrition, Pharmacy, Health Promotion, Exercise Physiology, Epidemiology and Allergy / Immunizations) to score, interpret and report information back to the patient, the patient's healthcare team and the patient's provider. The AF modified HEAR 3.0 questions set, report logic and report feedback are available by contacting bill.kenyon@brooks.af.mil or by calling DSN: 240-6511.

Who will administer the AF WEB HRA?

AF MTF PCM teams, e.g., Nurses, Medical Technicians, etc. have full control of the process. Patients cannot take the assessment unless authorized (issued a password) by their PCM team. This ensures the PCM team knows when one of their patients is taking the HRA and that reports will be generated for possible further assessment and intervention.

What reports are available?

There are three reports that are generated automatically by the computer during the session which allows the patient the ability to review each question response and their patient report, up to the point they are at. All reports are available immediately upon completion. Also, numerous Ad Hoc reports can be generated by the healthcare team. The three automatically generated reports are the:

1. Full Patient's Report
2. Full Healthcare Team Patient Report, SF 600
3. Provider bulleted Patient Report

See examples of these reports later in this document.

Questions and Answers

How often and to whom should an HRA be administered?

AFMSA/SGOZ is recommending the following for inclusion in the Population Health Management AFI **(DRAFT)**, HQ/SG will approve final policy:

3.1. CSF#1 - Describe the Demographics, Needs, and Health Status of the Enrolled Population

3.1.4. Air Force Medical Service-Approved Health Risk Assessment.

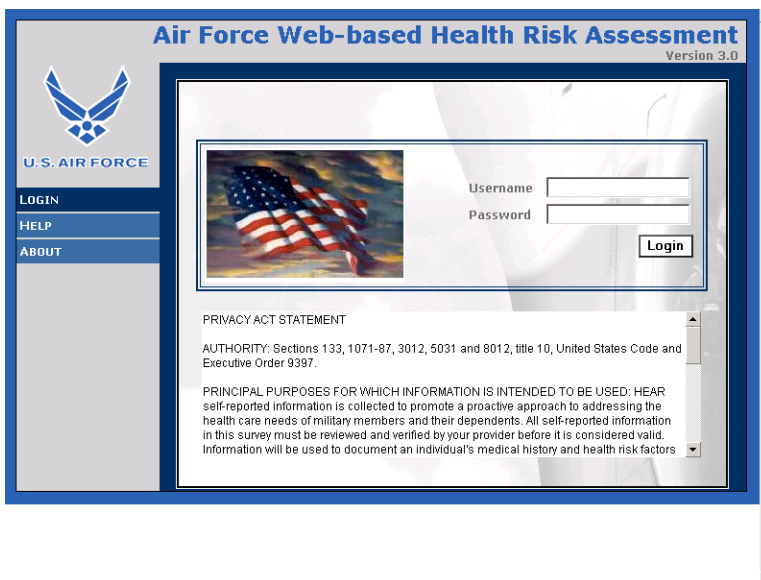
3.1.4.1. Active duty members will complete an AFMS approved HRA in conjunction with the annual PHA process.

3.1.4.2. MTF-enrolled TRICARE Prime members will be offered an AFMS approved HRA during wellness exams.

3.1.4.3. MTFs must ensure a process exists that include follow-up, evaluation, treatment planning and patient education

What are some of the functions of the software?

Logon: All AF WEB HRA software functions begin at this window. To go further the user must have a password. Passwords are automatically generated.



Air Force Web-based Health Risk Assessment
Version 3.0

U.S. AIR FORCE

LOGIN
HELP
ABOUT

Username
Password

PRIVACY ACT STATEMENT

AUTHORITY: Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: HEAR self-reported information is collected to promote a proactive approach to addressing the health care needs of military members and their dependents. All self-reported information in this survey must be reviewed and verified by your provider before it is considered valid. Information will be used to document an individual's medical history and health risk factors

Questions and Answers

What are some of the functions of the software? (Continued)

Patient Administrator (Proctor): Proctors are Primary Care Element (PCE) team members who will have the ability to logon the system and activate or update a patient's account. Once a patient's account is activated, i.e. password generated, the account will expire in fourteen days (14). Once it expires, a Proctor will have to generate a new password.

Patient Account Information

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment Version 3.0

U.S. AIR FORCE

LOGOUT
UPDATE PATIENT ACCOUNT
HELP

Update Patient Account Information

FMP SSN
20 000-00-0003 Submit Request

* Please enter the FMP SSN of the patient you wish to add to the system.

Allows you to go back to previous screen, i.e., last Patient Demographics screen or Update Patient Account Information screen.

Patient Management

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment Version 3.0

U.S. AIR FORCE

LOGOUT
UPDATE PATIENT ACCOUNT
HELP

Patient Demographics

Patient's Name (Last, First, Middle Initial)
Hickey Dennis J

FMP Sponsors SSN Patients SSN
20 000-00-0003

Patient's Mailing Address
15523 Thoudand Oaks Trail
City State ZIP
San Antonio TX 78244
Home Phone Work Phone
(210) 545-4555 (210) 536-1111

Organizational Address
AFMSA/SGOZ
2509 KENNEDY CIRCLE
Site State/Country
BROOKS AFB TEXAS
Duty Phone - DSN Duty Phone
240-1111 (210) 536-1

Email Address
dennis.hickey@brooks.af.mil
Confirm Email
dennis.hickey@brooks.af.mil
User Name
dhickey
Deactivation Date
PCM
Fonseca, Vincent P - BROOKS

Reset Password
Deactivate User

Are you currently on any special duty status?
Yes

Passwords are automatically generated.

This special duty question functions with question G9AF. If the patient responds "No" to the Proctor's question and completes the HRA away from the MTF and answers question G9AF: "Are you currently on any special duty status? ● Sensitive Duty Program (SDP) ● Personnel Reliability Program (PRP) ● Sensitive Compartmented Information Status (SCI) ● Flying Status ● None of the above", with any response other than "Flying Status" or "None of the above", the program will not allow the patient to continue and she/he receives a message to contact the MTE

Questions and Answers

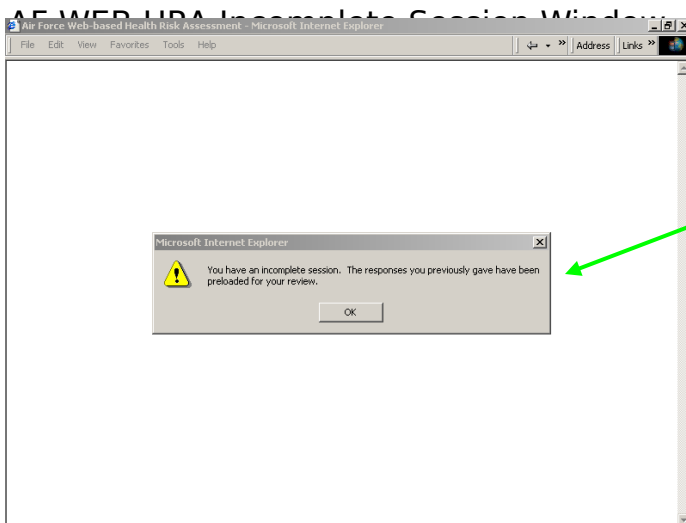
What are some of the functions of the software? (Continued) Patient Administrator (Proctor): (Continued)

Patient Management

The screenshot shows a web browser window titled "Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer". The main content area is titled "Patient Demographics". It contains several input fields for patient information: "Patient's Name (Last, First, Middle Initial)" with "Keas" and "Jim" entered; "FMP" with "20" and "Sponsors SSN Patients SSN" with "000-00-0014"; "City" with "SAN AN"; "Home Ph" with "(210) 43"; "Email Address" and "Confirm Email" both with "jim.keas@brooks.af.mil"; "User Name" with "jkeas"; and "Deactivation Date". There are also dropdown menus for "State/Cour" (set to "TEXAS") and "Duty Ph" (set to "(210) 531"). A "Reset Password" button is visible. A red text overlay in the center reads "Ad\$iu9u565" and "The password was reset to". A green arrow points from the text on the right to this password reset message.

Passwords are automatically generated and can be emailed to patients, AS LONG AS THEY ARE NOT ON SPECIAL DUTY STATUS.

The Patient: When patients log into the system they will be able to begin answering the questions. If they started but had to logoff, they can log back in at a later time and begin where they left off. Patients will also be able to review their responses and their patient report at anytime. All questions require a response. The system automatically stores the data and creates the Full Patient Report, Full Healthcare Team Patient Report and the Provider bulleted Patient Report. The patient can print their report at anytime. The patients' accounts are then deactivated.



If for any reason patients cannot complete the entire assessment they can logoff and logon at a later time. This is the window and dialog box they will see.

Questions and Answers

What are some of the functions of the software? (Continued)

Question Windows: HEAR 3.0 question set with Air Force modifications.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment Version 3.0

U.S. AIR FORCE

LOGOUT
AF WEB HRA
REVIEW
FULL PATIENT REPORT
HELP

Previous Next

General Information

What is your gender?

☐ Male
☐ Female

Previous Next

By clicking any were in this area, patients log their response. Some questions allow patients to respond to more the one answer, e.g., "Check all that apply".

By clicking on these buttons, TOP and BOTTOM of screen, patients can move forward to the **NEXT** question or back to the **PREVIOUS** question.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment Version 3.0

U.S. AIR FORCE

LOGOUT
AF WEB HRA
REVIEW
FULL PATIENT REPORT
HELP

Previous Next

A response is required for this question.

General Information

What is your date of birth?

DOB (ex: dd/mon/yy)

Previous Next

The program will **NOT** allow patients to go forward without responding.

Patients can click on **REVIEW** at any time and see their responses.

Patients can also click **FULL PATIENT REPORT** at any time and see their feedback up to that point.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment Version 3.0

U.S. AIR FORCE

LOGOUT
AF WEB HRA
REVIEW
FULL PATIENT REPORT
HELP

Previous Next

Complete

Web HEAR is complete.

Finished
Print Full Patient Report

Previous Next

Patients can click here to print their final **FULL PATIENT REPORT**.

Questions and Answers

What are some of the functions of the software? (Continued)

Reports: Full Patient Report



**DEPARTMENT OF THE AIR FORCE
311 MEDICAL SQUADRON
BROOKS-CITY BASE TEXAS**

311 MDS/SGOP [MTF address inserted by computer from provider information]
8050 Lindburgh Landing
Brooks City-Base TX 78235-5334

Mr. William M. Kenyon [Patients address inserted by computer from patient demographics site]
PO Box 11111
San Antonio, TX 78247

Dear Mr. Kenyon

Thank you for taking an interest in your health by completing the Air Force Web-based Health Risk Assessment (AF WEB HRA) on _____. [Date inserted by computer]. The following report reflects analysis of your responses to the AF WEB HRA. Space has also been provided for you to add your own notes. Being aware of your personal healthcare needs is a good step on the road to wellness. ^ summary of critical or high priority items is provided at the end of this letter.

List in this order:

1. GOOD NEWS
2. CRITICAL (Double flagged)
3. HIGH PRIORITY (Single flagged)
4. OTHER (Not flagged)
5. SUMMARY (Bullets for CRITICAL AND HIGH PRIORITY)

□ You reported that in the last year you have been injured as a result of your drinking. This may put you at higher risk for another alcohol related incident. Check with your healthcare team for more information and assistance.

Notes: _____

□ You reported having been unable to remember what happened the night after drinking on a weekly, daily or almost daily basis, which puts you at very high risk for an alcohol related incident. Contact your healthcare team for assistance.

In summary, we highly recommend you contact or call your healthcare team to discuss the following: Computer enters bullets identified with CRITICAL AND HIGH PRIORITY (Single and Double Flagged) ALERT ITEMS. If more than one ALERT ITEM is identified and they have the same bullet, only enter once.]

□Your drinking pattern

[If no alert items, computer enters: "In summary, your responses suggest there are no critical or high priority items requiring your immediate, today or next day, action"; however, use the list of non-critical or non-high priority items as a tool to assist you and your healthcare team on your road to wellness.]

Sincerely

Your Healthcare Team

The report will continue and contain all items reported by the patient

Questions and Answers

What are some of the functions of the software? (Continued)

Reports: Full Healthcare Team Patient Report

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
Date RESULTS Completed: [Inserted by computer]	AIR FORCE WEB-BASED HEALTH RISK ASSESSMENT (AF WEB HRA)		
	This computer generated report is provided to assist the healthcare team in the care of this patient. The computer has gathered, scored, interpreted and is now reporting the patient's self-reported responses to health questions presented in the AF WEB HRA. Space is provided for documenting assessment and plan. The patient reports the following: 1. ALERT ITEMS [Inserted by computer, if patient does not meet thresholds for CRITICAL OR HIGH PRIORITY items the computer enters the following for the specific area: "Patient's responses suggest there are no critical or high priority items requiring immediate action."] CRITICAL ITEMS SHOULD BE ADDRESSED IMMEDIATELY. A. <u>Subjective / Historical</u> Patient reports ____ [Insert response from A8] blackouts with drinking. Suggest contacting the patient immediately, i.e. same day or within 24 hrs. for further assessment. B. <u>Assessment</u>: C. <u>Plan</u>: HIGH PRIORITY ITEMS SHOULD BE ADDRESSED IAW MTF GUIDELINES. A. <u>Subjective / Historical</u>: Patient reports ____ [Insert response from A9] injury as a result of their drinking in the last year. Suggest contacting the patient soon i.e. within XX days for further assessment.		
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT: 311 MDS Brooks City-Base TX 78235	
B. <u>Assessment</u> :			
C. <u>Plan</u> :			
PATIENT'S NAME (Last, First, Middle Initial) Kenyon, William M.		SEX M	
RELATIONSHIP TO SPONSOR Self		STATUS AD	RANK/GRADE E-9
SPONSOR'S NAME		ORGANIZATION AFMSA/SGOZ	
DEPART./SERVICE AF		SSN/IDENTIFICATION NO. 20/000000000	DATE OF BIRTH 14/12/1947

The report will continue and contain all items reported by the patient

Questions and Answers

What are some of the functions of the software? (Continued)

Reports: Provider Bulleted Patient Report



DEPARTMENT OF THE AIR FORCE 311 MEDICAL SQUADRON BROOKS-CITY BASE TEXAS

MEMORANDUM FOR 311 MDS/SGOP [Computer inserts from provider site]

ATTN: CAPT PROVIDER [Computer inserts from provider site]

FROM: 311 MDS [Computer inserts from User Administrator site]

SUBJECT: Air Force Web-based Health Risk Assessment (AF WEB HRA) Provider Bulleted Patient

Report for _____ [Patients name and SSN inserted by computer] completed on _____ . [Date inserted by computer]

This bulleted patient report is provided for your attention. The AF WEB HRA has gathered, scored, interpreted and is now reporting your patient's self-reported responses. A detailed SF 600, Full Healthcare Team Patient Report, is also available for your use. The patient reports the following:

1. ALERT ITEMS [Inserted by computer, begins with CRITICAL (double flagged) then HIGH PRIORITY (single flagged), if none the computer will enter None]

CRITICAL ITEMS should be addressed immediately.

Blackouts with drinking weekly.

Notes: _____

HIGH PRIORITY items should be addressed IAW MTF guidelines.

Injury due to drinking

Notes: _____

2. OTHER ITEMS [Inserted by computer, excluding CRITICAL and HIGH PRIORITY items]

☐ Patient reports 20 bad physical health days over the past 30 days.

Recommend further evaluation.

☐ Cigarettes, everyday, NOT ready to quit.

Notes: _____

Your Healthcare Team

The report will continue and contain all items reported by the patient

Questions and Answers

Who manages the process and how is access to the information controlled?

Key players: Support, MTF User Administrator, Chief, Medical Staff (SGH), Group Practice Manager (GPM), Health Care Integrator (HCI), Primary Care Element (PCE): Providers, Patient Administrators (Proctors) and the Patients.

Support

Located at the Population Health Support Division (AFMSA/SGOZ) San Antonio, Texas, the support office has the authority to create and delete MTF User Administrator. SGOZ handles the overall management of the software and databases to include programming contract management. Questions can be directed through the PHSD Help Center at: Toll free: 1-800-298-0230, Commercial: 210-536-8190 or DSN: 240-8190.

MTF User Administrator

There may be more than one User Administrator per MTF

Located at the MTF, the User Administrator has the authority to create new accounts, i.e. Chief, Medical Staff (SGH), Group Practice Manager (GPM), Health Care Integrator (HCI), Providers, Patient Administrators, and others such as Public Health. They have the authority to manage PCE teams by deleting or moving PCMs, Patient Administrators and patients from PCE teams.

SGH, GPM, HCI, and Others

SGH, GPMs, HCIs and other such as Public Health, will have authority to access all reports i.e., Patient Report ; Healthcare Team, SF 600 Report; Provide Bulleted Report and Patient Response Report, for patients assigned to their **MTF**. They will have authority to create new patient accounts by entering patient demographics information, creating patient username and patient unique password.

PCE Team 1

PCE Provider(s) (3-5 PCM per PCE)

PCE providers will have authority to access all reports, i.e., Patient Report; Healthcare Team, SF 600 Report; Provider Bulleted Report and Patient Response Report, **for all patients assigned to their PCE team**. They will have authority to create new patient accounts by entering patient demographics information, creating patient username and patient unique password.

PCE Patient Administrator(s)

The Patient Administrators will have authority to access all reports, i.e. Patient Report; Healthcare Team, SF 600 Report; Provider Bulleted Report and Patient Response Report, **for all patients assigned to their PCE team**. They will have authority to create new patient accounts by entering patient demographics information, creating patient username and patient unique password. They guide patient in the self-report health assessment process.

Patient

Patient
t

Patient

Patient
t

PCE Team 2

PCE Provider(s) (3-5 PCM per PCE)

PCE providers will have authority to access all reports, i.e., Patient Report ; Healthcare Team, SF 600 Report; Provider Bulleted Report and Patient Response Report, **for all patients assigned to their PCE team**. They will have authority to create new patient accounts by entering patient demographics information, creating patient username and patient unique password.

PCE Patient Administrator(s)

The Patient Administrators will have authority to access all reports, i.e., Patient Report; Healthcare Team, SF 600 Report; Provider Bulleted Report and Patient Response Report, **for all patients assigned to their PCE team**. They will have authority to create new patient accounts by entering patient demographics information, creating patient username and patient unique password. They guide patient in the self-report health assessment process.

Patient

Patient
t

Patient

Patient
t

Questions and Answers

What are some of the functions of the software? (Continued)

User Administrator: Located at MTF, the AF WEB HRA User Administrator is the individual at the facility that has the ability to add and update user accounts, e.g. PROVIDER, PATIENT ADMINISTRATOR (Proctor).

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment
Version 3.0

U.S. AIR FORCE

LOGOUT
-USER PROFILE
-PCM MANAGEMENT
-HEALTHCARE TEAM MANAGEMENT
HELP

Add/Update User Account Information

- New User - Submit Request

test1, test1
TEAMMEMBER, PCM
Kenyon, William M.
Pack, Julie
Doctor, Joe
test5, test6
Doctor, Jim M
Jose, Lago R
Fonseca, Vincent P
Kees, Jim R

Wish to update or select "- New User -" to add a new user account.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment
Version 3.0

U.S. AIR FORCE

LOGOUT
-USER PROFILE
-PCM MANAGEMENT
-HEALTHCARE TEAM MANAGEMENT
HELP

Add/Update User Account Information

User's Name (Last, First, Middle Initial)
Kenyon William M

User's Title Rank (Pay Grade) Depart/Serv
Tech E-9 AIR FORCE

Organizational Address
AFMSA/SGOZ
2509 KENNEDY CIRCLE

Site State/Country Zip Code / APO (AE, AP, AA)
BROOKS AFB TEXAS 7823-5116

Duty Phone - DSN Duty Phone - COMM
240-6511 (210) 536-6511

User Name bkenyon Reset Password
Email Address bill.kenyon@brooks.af.mil Notify PCM
Confirm Email bill.kenyon@brooks.af.mil
Status Active
Security Level Patient Administrator
Team PHSD Blue Team

A PATIENT
ADMINISTRATOR
(Proctor).

Questions and Answers

What are some of the functions of the software? (Continued)

User Administrator: (Continued) The administrator can move patients from one provider to another and providers and support staff from one PCE to another.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment
Version 3.0

U.S. AIR FORCE

LOGOUT

USER PROFILE

PCM MANAGEMENT

HEALTHCARE TEAM MANAGEMENT

HELP

Patient PCM Maintenance

Move patients from:

Fonseca, Vincent P

20/000000002 - BLT

20/000000000 - Kenyon, William M

20/000000001 - LBG

20/000000008 - Feig, Jill C

20/000000011 - Frost, Lucinda Z

20/000000010 - Oordt, Mark S

20/000000003 - Hickey, Dennis J

Move patients to:

Keas, Jim R

20/000000006 - Bober-Moken, Irene G

20/000000005 - Lugo, Catherin A

20/000000007 - Lyon, Dixie L

20/000000012 - Reynolds, William A

20/000000009 - Withauer, Sandra J

>>>

Moving patients from one provider to another.

Air Force Web-based Health Risk Assessment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address Links

Air Force Web-based Health Risk Assessment
Version 3.0

Element Maintenance

Add/Update Element

Move Users from:

PHSD Blue Team

Kenyon, William M

Fonseca, Vincent P

Move Users to:

PHSD Red Team

Keas, Jim R

>>>

Moving providers and support staff from one PCE to another.

Attachment 1: Task Force Ratings

Strength of Recommendations

The U.S. Preventive Services Task Force (USPSTF) grades its recommendations according to one of five classifications (A, B, C, D, I) reflecting the strength of evidence and magnitude of net benefit (benefits minus harms).

A - The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.

B - The USPSTF recommends that clinicians provide [this service] to eligible patients. The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.

C - The USPSTF makes no recommendation for or against routine provision of [the service]. The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.

D - The USPSTF recommends against routinely providing [the service] to asymptomatic patients. The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.

I - The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.

Quality of Evidence

The USPSTF grades the quality of the overall evidence for a service on a 3-point scale (good, fair, poor):

Good: Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.

Fair: Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies, generalizability to routine practice, or indirect nature of the evidence on health outcomes.

Poor: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.



PHSD

Population Health Support Division (PHSD)

AFMSA/SGOZ
2509 KENNEDY CIRCLE
BROOKS CITY-BASE TX 78235-5116

PHSD Help Center and address:
Email: phsdhelpdesk@brooks.af.mil
Toll Free: (800) 298-0230
DSN: 240-8190
Comm: 210-536-8190